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**FILED**

6/8/2016

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**

MAR 11 2016  
3-11-16 EAA  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Aaron Kryswatky

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

16-cv-3178

Judge Rebecca R. Pallmeyer

Magistrate Judge Sidney I. Schenkier

PC11

vs.

Case No:

(To be supplied by the Clerk of this Court)

Officer Gonzalez

Supt. ~~Arce~~ Arce

Sheriff Tom Dart

Officer Odeh

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

**AMENDED COMPLAINT**

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Reviewed: 8/2013

**I. Plaintiff(s):**

- A. Name: Aaron Kryszewaty
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20130508028
- D. Place of present confinement: Cook County jail
- E. Address: PO Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Officer Gonzalez  
Title: Correctional Officer  
Place of Employment: Cook county jail
- B. Defendant: Supt. Arci  
Title: Jail super intendant  
Place of Employment: Cook County jail
- C. Defendant: Tom Dart  
Title: Cook County Sheriff  
Place of Employment: Cook county jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: Aaron Krysanaty v. Supt. Martinez, et al. # 14 C 7427
- B. Approximate date of filing lawsuit: 2014 ?
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Aaron Krysanaty
- D. List all defendants: Officer Theofanopolos, Supt. Martinez, Tom Dort
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Cook County
- F. Name of judge to whom case was assigned: Judge Pullmeier
- G. Basic claim made: Failure to protect an inmate
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Settlement made
- I. Approximate date of disposition: April 2015

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On 11-28-15 I came back to Cook From Livingston Co. shipment. At 4:00pm I was locked in my cell with no mattress. At 10:30 pm officer Gonzales brought me a moldy piece of plastic, half filled with padding. I told him I'm asthmatic and cannot sleep on mold. I was given a direct order to stand back while he ~~opened~~ opened the door to my cell, and threw the moldy plastic at my feet. It immediately stunk the whole cell up. He told me I have no choice but to sleep on it. I tried to tell the officer on 3rd shift what happened and he told me to "deal with it". I was forced to sleep on the hard steel bunk for the night. The next morning officer ODeh gave me another moldy "mattress." I immediately filed a grievance. After a few days I started having asthma attacks, heaviness on my chest, and severe headaches. I filled out a medical form. The nurse gave me a

Fresh inhaler and some tylenol. It took cook county authorities 1 week to provide me with sufficient bedding. Officer Harris replaced the mattress. When he took the moldy one he ~~said~~ replied "man this thing stinks!" Because I was forced to suffer for a week I am wanting to hold the 2 officers, and the sheriff + supt. responsible. I feel it is the job of the supt. and sheriff to prevent this situation from happening. It took 3-4 weeks for my breathing + headaches to return to normal. I feel this is a case of Failure to provide sufficient housing / Cruel and unusual punishment.

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

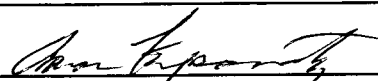
I wish to be compensated for the suffering  
brought on by officer Gonzalez's et. al  
lack of concern for my health / human  
rights, Failure to provide sufficient housing,  
in the sum of \$25,000

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☒ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 26 day of Feb, 20 16

  
(Signature of plaintiff or plaintiffs)

Aaron Kysowaty  
(Print name)

20130508028  
(I.D. Number)

P.O. Box 089002  
Chicago, IL 60608  
(Address)





COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

Inmate #: 0304879

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

N/A

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Krusowaty

INMATE FIRST NAME (Primer Nombre):

Aaron

ID Number (# de Identificación):

20130508028

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170-Living Conditions

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

09-Supt

DATE REFERRED:

12/1/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

On 12/1/15, the CRW/Platoon Counselor referred the grievance to the Superintendent. The Superintendent responded on 12/3/15.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

C. J. J. 230

DIV./DEPT.

DATE:

12/2/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

X [Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

X 12/5/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

\_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):

\_\_\_\_/\_\_\_\_/\_\_\_\_





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

Inmate #: 0304879

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

N/A

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Krysowaty

INMATE FIRST NAME (Primer Nombre):

Aaron

ID Number (# de Identificación):

20130508028

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 - Medical Treatment

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

Per detainee, he has submitted a Health Services Request Form.

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Cermak

DATE REFERRED:

12/10/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Submit HSRF if you wish to be seen regarding %  
moldy mattress.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

X Aaron Krysowaty

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

X 12/21/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación:)

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐

No

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):





(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

12-5-15

8:00 am

DIV 9 3 H

I recieved a response to my grievance today. this is an appeal to my grievance about the mattress. I had to sleep on a moldy mattress For 1 week. I have been needing my althesma inhaler twice as much and my chest feels heavy (trouble breathing). And bad headaches

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Appeal, medical attention, control #

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Aaron Kryswatay

Aaron Kryswatay 12-10-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

R. Williams

R. Williams

12/10/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

**!This section is to be completed by Program Services Staff - ONLY! (¡ Para ser llenado solo por el personal de Program Services !)**

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

R. Kuperant

PRINT - FIRST NAME (Primer Nombre):

Aaron

ID Number (# de identificación):

20130508028

DIVISION (División):

9

LIVING UNIT (Unidad):

3-H

DATE (Fecha):

11 / 30 / 15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

\* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

\* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

\* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

\* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Especifico Del Incidente

On 11-28-15 I came back from Livingston County. I was locked in my cell about 4:00pm with no mattress. At 10:30 pm officer Gonzolas brought me a moldy piece of plastic with half the stuffing gone. I told him I'm asthmatic and cannot sleep on mold. He told me I have to take it. I was denied sufficient bedding and had to sleep on my blanket with out the mattress because of the mold. The 3rd shift officer told me "Deal with it." Officer Bolek on 1st shift gave me something a little better, not much.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando): I want something done about the mattress situation here in Div 9

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información):

R. Kuperant

INMATE SIGNATURE (Firma del Preso):

R. Kuperant

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

R. Williams

SIGNATURE:

R. Williams

DATE CRW/PLATOON COUNSELOR RECEIVED:

12 / 1 / 15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1 / 1 / 15